

Collective Trauma in Sri Lanka

Daya Somasundaram

The ethnic war in Sri Lanka has brought psychosocial problems for individuals and families. In addition, it has had a devastating effect on Sri Lankan society; we can speak of a collective trauma. It has caused regression of all development, destroying social capital, structures and institutions. It has also resulted in changes, for the worse, of fundamental social processes like socialization, social norms and social networks. However, despite the obvious negative sequelae of war, some positive effects on social processes too can be identified: emergence community organizations, decline of the cast system, emancipation of women and decline of suicide rates. This article presents an overview of both positive and negative effects of the war on Sri Lankan society and discusses programmes for countering the negative effects.

Keywords: caste system, collective trauma, coping strategies, psychosocial problems, traumatising, war stress.

War stress and psychosocial problems

Epidemiological surveys of the general population in war-affected areas of Sri Lanka show widespread traumatising for the general population; the consequent psychosocial problems have been described elsewhere (Somasund-

aram, 2001). Studies of Tamil children and adolescents in the North of Sri Lanka show that many of them have psychological problems (Arunakiranthan et al, 1993; Geevathasan et al, 1993; Lakshman & Sivashankar, 1994; Rasiah & Nadarajah, 1994; Sivashanmugarajah et al, 1994).

Due to close and strong bonds and cohesiveness in nuclear and extended families in the Tamil culture, the families tend to respond to external threat or trauma as a unit. During times of traumatic experiences, the family will come together to face the threat and provide mutual support and protection. In time, the family will act to define and interpret the traumatic event, give it structure and assign a common meaning, as well as evolve strategies to cope with the stress.

The ongoing war, however, resulted in occurrences such as displacement, separation, migration, death, detention and 'disappearance' of family members. As a result, the traditional extended and nuclear family systems have been weakened or shattered. The cohesiveness has become less. According to Jeyanthi et al. (1993) displacement results in more quarreling between father and mother;

these quarrels are caused by economic stress, lack of privacy and interference of others in overcrowded camps.

Absence of members of the family due to death, 'disappearance', injury or displacement will create infallible gaps in the functioning of the family unit. Uncertainty or grief about the missing member will add to the burden of the remaining family members. Traumatization of one family member can adversely affect other members, particularly the children. Families of which the father has been detained, and then 'disappeared', often become ostracized by society. The mother has to adapt to all the negative implications of being a 'widow' in the Tamil community. When the father has disappeared after detention by members of militant groups, the political situation compels the remaining members to keep silent. It is extremely difficult for them to receive any social support.

The respect of children for their parents seems to have diminished. Children are now socialized in a war milieu with direct experiences of violence, emotions of terror, grief and hatred and militant role models. A subtle influence has been the way elders have been treated by the authorities and the submissive way they have responded. It is a common day-to-day occurrence at the army checkpoints that Tamil parents quickly change their behaviour and tone (in contrast to what the child has seen at home or elsewhere) when dealing with the security forces. In order to avoid unnecessary hassle they assume a submissive posture: they remove their hat, bend head and body, and speak in a low and almost pleading tone of voice, displaying a pleasing manner with a wide grin. The children will observe this change without

comprehending the full purpose and, in time, develop contempt for their parents.

Collective trauma

The cumulative effect of the war on the community can be seen as collective trauma. First, the war has had a tremendous impact on life in small communities and villages. Many of them have been completely destroyed. One can mention the systematic attacks on all the Tamil villages in the Trincomalee District, which eventually displaced all the inhabitants into the city or to other districts. Another example is that of the Moslems of the North. For various security reasons, fishing in the North and East has been restricted. Whole fishing communities have been displaced, such as from Myeliddy. It has been a similar tale with farmers, many of whom have been displaced from their traditional lands, and have lost all their equipment. Other traditional trades like carpenters, masons and so on have been affected similarly. The Moslems who were a very prosperous business community as well as specialized in other occupations like tailoring, tinkering, leather work and so on have lost their occupations and way of life due to displacement and other disturbances. The Sinhalese were well known bakers in the North and East, but have now all left.

Destruction of complete villages is not only a matter of damaged buildings. Destruction of a village means that much more has vanished: its way of life, its environment, the support system and the network of relationships it provided, its traditions, structures and institutions (Council of NGO's, 1998; National Peace Council & Marga, 2001). In the

Tamil tradition, a person's identity was defined to a large extent by their village or *uur* of origin (Daniel, 1984). Loosing one's *uur* is loosing one's relationship to the community. Kai Erikson (1976) describes these phenomena as a '*loss of communality*'.

During the war, people developed coping strategies that helped them to deal with stressful conditions. For example, every family in Jaffna has a bag packed with all important documents and some essential items to live rough. In that way they are ready to leave at a moments' notice. Once they are displaced to a camp, they are very professional in getting themselves organized. They immediately find a corner, hang up screens with *sarees*, and start arranging their belongings for a stay.

However, some coping strategies that had survival value during intense conflict become maladaptive during reconstruction and peace. For example, the Tamil community has learned to be silent, to be not involved, and to stay in the background. Tamils have developed a deep suspicion and mistrust. People learned to simply attend to their immediate needs and survive to the next day. Any involvement or participation carried considerable risk, particularly at the frequent changes of those in power. At these shifts in power, recriminations, false accusations, revenge and so on was very common. It happened in 1987, 1990, and 1996; it is feared to happen again when the LTTE takes over in the future. Those with leadership qualities, those willing to challenge and argue, the intellectuals, the dissenters and those with social motivation have been weeded out. They have either been intimidated into leaving, killed or made to fall silent.

Gradually people have been made very passive and submissive. These qualities have become part of the socialization process, where children are now gradually taught to keep quiet, not to question or challenge and to accept the situation, as a too forward behaviour carries considerable risk.

The repeated displacement and the resulting disruption of livelihood have made people dependent on handouts. They have lost their motivation for advancement and progress. Many people have lost their trust in their fellow human beings as well as the world order. Instead of trust in the system of justice, there is fear. Thus when someone breaks the law, no Tamil would naturally report it to the Police. A recent example was the UNDP mine awareness programme where the UNDP naively asked people, when they discover a mine, to report it to the local security forces. People protested because they were afraid of the security forces and the UNDP changed its policy.

The loss of trust in the system of justice is understandable as a result of the many massacres and disappearances as well as the many cases of torture, rape, and killing of people in custody by the various factions in the conflict. Much of the violence has become structural and systematized into the very laws of the country such as the Emergency Regulations and Prevention of Terrorism Act. Though perpetrators have been identified, and in some rare cases arrested, impunity prevails. Earlier, the perpetrators were promoted, now they are transferred out or sent on compulsory leave.

Social deterioration

People who frequently are forced to witness death and destruction, will become habituated to it. This results in a loss of human sensitivity for the needs of others. Compassion, the natural helping hand, kindness for a person in distress is fast disappearing. A good example is from the health sector, where there was a spirit of service till recently. Medical staff would stay with their patient, sometimes sacrificing their own wellbeing in the best interests of the patient. Gradually there has been an eroding of moralsore. The collective experience of what happened at General Hospital, Jaffna on *Theepavali* day in 1987 has made most of the staff lose their altruism. During that fateful period, the staff decided to stick to the hospital and patients though there was considerable risk in staying on. When the Indian Army entered and massacred patients and health staff, this last bit of service ideal too died. The staff would now look after their self-interest first. At the slightest hint of trouble they would abandon the hospital, their responsibilities and patients as happened in May 2000.

In offices and organizations, the work output has declined considerably. Once, the Tamil community was a hard working society. Most people now are not inclined to work; they merely sign their names in the work register and take the day off at the slightest excuse. More effort and interest is spent on obtaining relief items, rations, incentive payments, risk allowances and such like.

In addition, there is a crisis of leadership. No one comes forward to take leadership positions like chairmanship, presidency etc. Most positions go by default. There

is a complete lack of quality in all aspects of society, partly due to crippling brain drain, but also the devastating effect of the war. The impaired cognitive functioning we observed in adolescents can be discerned in adults also. Thinking in general has become very restrictive, petty, fixed on survival and self-interest, with loss of concern about the future and thus lack of planning.

There is a marked deterioration in social values as shown by sexual mores (for example increased unwanted pregnancies, teenage abortions, child sexual abuse), social ethics (robberies of the houses and property of those displaced is now claimed as a right). A more recent example of deterioration in social values was seen during the last elections where there was large-scale voter impersonation and malpractice by the general public, university students in particular. People did not seem to feel they were doing anything wrong.

Emerging community organizations and emancipation

On the positive side, some new community organizations have emerged such as for widows, for family members of the disappeared and so on. Several NGOs have worked to create such community organizations. Some new religious movements, particularly the charismatic, emotive ones, have proven popular. Evidently there is a need felt in the community for them at this time. They are able to provide emotional support, fellowship, leadership and meaning to events. Community organizations (*Villipu kulu*) have started functioning in villages to control anti-social activity. They also carry out com-

munity functions, sports events, cultural shows, education etc.

However, it has to be noted that any such movement is usually not allowed to be effective past a certain point by the authorities. Under the LTTE totalitarian system no independent organization is tolerated. Under the state there are many restrictions.

Particularly noteworthy is leadership of women in many of these grass-roots organizations. Tamil society had always suppressed women into a subservient position. Modern education starting in the colonial period had loosened this to some extent and some women managed to get free. However, it was the war that has had a liberating role for women. Some males left seeking jobs and other opportunities abroad. It was also the males who initially joined the militants, were killed, migrated or left the area out of fear. Many women were left behind to shoulder the responsibility of family and keep the society functioning (Sivachandran, 1994). Many women had to fill in for absent males in, what had been up to then, traditional male roles. They rode bicycles, went to the shops, met and argued with authorities, took their children to schools and temples, and generally 'kept the home fires burning' during this crisis in our society. As a result, women were forced to take a more leading role, thus freeing them to a large extent.

Some women have also been induced to join the militants. One factor inducing them to leave society was the tight control, the restricted domestic life and the bleak future they faced. Joining the militants was a liberating act, promising them more freedom and power

(Trawick, 1999). In some cases, the family actively encouraged their daughter(s) to join when their poor socio-economic state did not allow them to put by a good dowry for an arranged wedding.

Decline of the caste system

Within the Hindu socio-cultural system, caste is a strongly imbedded institution. Throughout history it has caused considerable covert violence. The highly hierarchical structure of caste depends on social controls to keep the various castes, particularly the lower castes, in their place. Occasionally when someone transgresses the hierarchical system, violence can become overt. Jaffna society before the war was very much under the caste system and the lower castes were suppressed by the higher, mainly the *Vellala*, castes who held the authority. There had been some struggle by leftist organizations, trade unions and progressive artists in the 60s against caste discrimination (for example the Temple Entry Movement) The migration abroad for jobs such as to the Middle East creating a new class of '*nouveau riche*', had also added an economical factor to the loosening of caste barriers but it was the current war that made considerable inroads into the caste system. During the mass displacements people could not observe the usual caste exclusions as people were thrown together in unexpected circumstances and many relationships across caste were struck up. There were some rare exceptions, where even under the threat of death, people held onto caste distinctions such as refusing to stay in certain refugee camps with lower castes. In the various Tamil militant movements, caste becomes a

non-issue, particularly in the leftist leaning movements. Thus with the progress of the war, caste has lost its tight hold on society, though it lingers on in, for example, marriage arrangements. Whether it will come back once the war is over is difficult to say but in all probability it will not have the same stranglehold it once had.

Decline in suicide rate

Though Sri Lanka, as a whole, has the highest suicide rate in the world (Ganeswaran, Subramaniam & Mahadevan, 1984), the war produced a drop in suicide rates in Jaffna (Somasundaram & Rajadurai, 1995). Suicide rates are remarkably constant for each society but show a marked fall during war (Durkheim, 1951). Suicide rates in Jaffna have shown the same trend during the war with a marked fall during periods of intense fighting. The psychodynamic explanation describes suicide similar to depression as a form of aggression turned inwards towards the self, whereas war provides an outlet for the aggression to be turned outwards towards a common enemy (Lyons, 1979). According to our own clinical observations during the war, adolescents, in a mental state caused by intense frustration or interpersonal conflict that made them think of suicide and would have led to suicidal attempts in normal times, often said that they would rather join the militants and die in combat where at least their lives would have been honoured on posters (a common method of commemorating dead combatants in Jaffna).

Countering the negative effects: community level approaches

As described above, the widespread problem of collective traumatisation may be best approached through community level interventions. It may be more beneficial to consider strengthening and rebuilding the family and village structures, as well as finding a common meaning for the immense suffering, than to treat individual traumatisation per se. Further, community based approaches can reach a large target population; they can undertake curative, preventive and promotional public mental health activities at the same time (Somasundaram, 1998).

Training of grassroots community level workers in basic mental health knowledge and skills is the easiest way of reaching a large population. The majority of minor mental health problems could be managed by community level workers and others referred to the appropriate level. Primary Health Workers including doctors, medical assistants, nurses, Family Health Workers, school teachers, village resources like the village headman, elders, traditional healers, priests, monks and nuns, volunteer relief and refugee camp workers could be trained to do this. Trauma and mental health should become part of the normal curricula of health staff and teachers. Important topics would include psychological first aid (Raphael, 1986), crisis intervention, supportive therapy (Van der Veer, 1998), identification and treatment of minor mental health and psychosocial problems. A referral system should be established, so that people with more severe problems can be referred for more

specialized care. Teaching of culturally appropriate relaxation exercises, like yoga, to large groups in the community and as part of the curricula in schools could promote mental health and prevent mental problems. Similarly, structured play activity for children in refugee camps and community settings could promote mental health.

Indigenous coping strategies that have helped the local population to survive should be encouraged. Culturally mediated protective factors like rituals and ceremonies should be strengthened. Funeral rites, the 31st day and the subsequent anniversary observance of the death of relatives are powerful social mechanisms to deal with grief and loss. The gathering together of relations, friends and the community is an important social process to share, work through and release deep emotions, define and come to terms with what has happened and finally integrate the traumatic experience into social reality. In addition to funerals, religious and temple rites, cultural festivals, dramas, musical fares, exhibitions and other programmes, meetings and social gatherings provide the opportunity for people to discuss, construct meaning, share and assimilate traumatic events. In war, when due to the disturbed situation these rituals are not possible or improperly performed, the trauma is never fully accepted or put to rest.

This happens in the cases of 'disappearances' where there is no finality about death. During the traditional oracle practice of "*vakuu cholluthal*" in Batticaloa (Lawrence, 1998) families of disappeared people are told what has happened to their loved one, in a socially supportive environment. For example,

the oracle may act out the torture the disappeared person would have suffered. The oracle may say that the person has died, but it also happens that the oracle says that the person is surviving somewhere. If the disappeared person is detained, one of the family members will make a vow to the God or temple asking for his or her release and fulfil it if the person in question is released. Very often the oracle is experienced as comforting.

Religious festivals, folk singing and dancing as well as leisure activities like sports can be ways of meeting, finding support and expressing emotions. Ideally the social processes should work to promote feelings of belonging and participation, where the group is able to give meaning to what has happened, adapt to the new situation, and determine their future.

Aid

The dangers of 'imposing aid' from outside have been well documented (Harrel-Bond, 1988). The prospect of the complex machinery and politics of international aid agencies, UN organizations, donors, NGOs etc., descending on the helpless Tamil community appears inevitable. The aid workers may trample all over traditional beliefs and customs. In the long-term this may prove more deadly to the community than the war itself.

In developing an overall integrated scheme for rehabilitation of the Tamil community, a systems-oriented approach would be best. Such an approach takes the many interacting subsystems into account: the individuals, families, communities, cultural ethics, socio-economic conditions, ecological balances, political

forces, available resources, existing social structures, and sources of help from outside. It is important that any programme that is part of such a scheme takes the wishes of the local population into account and gives the people concerned an active and deciding role rather than a dependent, 'victims' role. Any programme that promotes a sense of participation promotes psychological recovery. Without mental health being established first or concurrently, development and reconstruction efforts may not be of much benefit, as it will merely be for passive recipients with no motivation or interest in their own destiny.

To avoid this passivity, emergent self-help groups and local leadership should be encouraged to resume traditional and habitual patterns of behaviour, re-establish social networks and community functioning at the grass roots level (Raphael, 1986). If the community is to gain a sense of accomplishment and fulfilment in the reconstruction process, local skills and resources have to be tapped and utilized. However, usually outside agencies have their own agendas and compel local people to follow their dictates.

Special programmes will have to be developed for children, women, landmine victims, torture survivors and so on. These programmes should be tailored to their needs and include education, vocational training, income generating projects, loans, housing etc. For the victim or even encourage him or her to make the effort to seek help.

A big problem that may be met if one tries to involve communities in rehabilitation programmes is the existence of a

very 'closed mind' among Tamils. Traditionally, the Tamils have had a very tightly controlled, closed society, whether at the family, group, village or regional level. The social pressures to conform, consent and speak in one voice have been tremendous. Thus there is no real tradition of alternative views, dissent, freedom etc, particularly in relation to sensitive, political, issues that affects the group as a whole. The extreme term, *throhi* ('traitor'), is applied to such persons with fatal consequence. The mechanisms are largely unconscious; the social processes work to internalize the control. With the advent of violence and the militants these processes have been intensified. The Tamil organizations and media also operate towards creating a single view, seeing only one side of the problem, criticizing only one party with a general paranoia. Somehow this stifling hold has to be broken and some space created for alternate views, leadership and initiatives. Difficult as this may be, the international community and their representatives in North Sri Lanka can foster this process by capacity building, promoting and protecting emerging local leadership and generally creating a climate for more broadbased activities.

References

- Arukiranathan, T., Sasikanthan, A., Sivashankar, R. & Somasundaram, D.J. (1993) *A study of psychological consequences of traumatic stress in school children under 12 years. Paper presented at the Ninth Annual Scientific Sessions*. Jaffna, Jaffna Medical Association.
- Council of NGOs Jaffna District (1998) *Review of resettlement and rehabilitation programme - Jaffna peninsula*, Council of NGOs Jaffna District, Jaffna.
- Daniel, V. E. (1984) *Fluid signs - Being a person the Tamil way*. University of California Press, Berkeley.
- Durkheim, N. (1951) *Suicide*. Translated by J.A. Spaulding & G.Simpson, Free Press, Illinois.
- Erikson, K.T. (1976) *Loss of communality at Buffalo Creek*. *American Journal of Psychiatry*, 135:3 (p.30-305)
- Ganesvaran, T., Subramaniam, S. Mahadevan, K. (1984) *Suicide in a northern town of Sri Lanka*, *Acta Psychiatrica Scandinavica*, 69 (p420-425.)
- Geevathasan, M.G. , Somasundaram, D. J. & Parameshwaran, R. (1993) *Psychological consequences of war on adolescents. Paper presented at the Ninth Annual Scientific Sessions*. Jaffna, Jaffna Medical Association.
- Harrel-Bond, B. (1988) *Imposing aid*, Oxford University Press, U.K.
- Jeyanthi, K., Loshani, N.A. & Sivarajini, G. (1993) *A study of psychological consequences of displacement on family members*. III MBBS research project, Dept. of Community Medicine, University of Jaffna, 1993.
- Lakshman, N. & Sivashankar, R. (1994) *War stress in children*. Paper presented at the Seminar on Child Mental Health. Jaffna, Shanthiham
- Lawrence, P. (1999) *The Changing Amman: Notes on the Injury of War in Eastern Sri Lanka*. In *Conflict and community in contemporary Sri Lanka - 'Pearl of the east' or the 'Island of tears'?*, Eds. Gamage, S. & Watson, I.B., Sage Publications, New Delhi.
- Lyons, H.A. (1979) *Civil Violence - The Psychological Aspects*. *Journal of psychosomatic research*, 23 (p373-93)
- National Peace Council & MARGA (2001) *Cost of the war*. National Peace Council: Colombo.
- Raphael, B. (1986) *When disaster strikes*. Hutchinson, Australia.
- Rasiah, S. & Nadarajah, R. (1994) *A study on the psychological consequences of environmental stress on pre-school children*. Paper presented at the Seminar on Child Mental Health. Jaffna, Shanthiham.
- Sivachandran, S. (1994) *Health of Women and the Elderly*. In: - *Victims of war in Sri Lanka*. (Eds),
- Arulanantham, S., Raatneswaran, S. & Streeharan, N. Medical Institute of Tamils, London.
- Sivashanmugaraja, S., Kalaivany, S. & Somasundaram, D.J. (1994) *A Study of the war trauma in the north of Sri Lanka*. *Unpublished data from the NARESA research project*. Jaffna, Department of Psychiatry, University of Jaffna.
- Somasundaram, D.J. (1996) *Post Traumatic Responses to Aerial Bombing*. *Social Science & Medicine*, 42, (p1465-1471.)
- Somasundaram, D. J. (1998) *Scarred minds*. Sage Publications, New Delhi.

- Somasundaram, D.J. (2001) War Trauma and Psychosocial Problems: Patient Attendees in Jaffna. In *International Medical Journal* Vol 8, (p193-197)
- Somasundaram, D.J. & Rajadurai, S. (1995) *War and suicide. Acta Psychiatrica Scandinavica*, 91, (p1-4)
- Trawick, M. (1999) Reasons for Violence: A Preliminary Ethnographic Account of the LTTE. In: *Conflict and community in contemporary Sri Lanka- 'Pearl of the east' or the 'Island of tears'?*, (Eds), Gamage, S. & Watson, I.B., Sage Publications, New Delhi.
- Van der Veer, G. (1998) *Counselling and therapy with refugees and victims of trauma*. Second edition. Chichester, Wiley.

Prof. Daya Somasundaram, MD, psychiatrist, is head of the Department of Psychiatry, Faculty of Medicine, University of Jaffna